

Columbus/Bartholomew Planning Department

Zoning Compliance Certificate Application

This application may not provide all information needed for the staff to determine compliance with the zoning ordinance. The staff may require such other information as is necessary to make that determination.

Type of Activity:

New Construction _____ Building Addition _____ New or Changed Use(s) _____

Additional Use(s) _____ Sign _____ Temporary Use(s) _____

If Temporary, Proposed Dates: From _____ To _____

Applicants:

Name(s)

Number Street City State ZIP

Telephone No. _____ FAX No. _____ E-mail _____

Owners (not contract buyers) as shown on the county tax records:

Name(s)

Number Street City State ZIP

Telephone No. _____ FAX No. _____ E-mail _____

Tenant/Lessee:

Name(s)

Number Street City State ZIP

Telephone No. _____ FAX No. _____ E-mail _____

Property Location

Address (if available):

Number Street City Zip Code

Subdivision Name _____ Lot # _____

Lot Dimensions _____ Lot Area _____ Zoning Classification _____

Special Flood Hazard Area: _____ None _____ Floodway Fringe (100-yr or 500-yr) _____ Floodway

Flood Protection Grade _____

Most Recent Use _____ Date Use was Discontinued _____

Current use of Premises _____

Proposed Use of Premises _____

Building Area _____ Building Height _____ No. of Parking Spaces _____

Dimensions of Parking Spaces: _____ Aisle Width _____ Angle of parking _____

No. of Loading Spaces _____

For multiple use buildings, indicate the amount of square footage devoted to each use

Use: _____ Sq. Footage _____

Use: _____ Sq. Footage _____

Use: _____ Sq. Footage _____

Max. No. of Employees (Largest working shift) _____ No. of Seats (restaurants) _____

For signs, indicate the type of sign(s) desired and attach worksheets and site plans:

Type of sign: Freestanding _____ Wall _____ Roof _____ Awning _____ Window _____

Temporary _____ Other (describe) _____

I swear or affirm under penalties for perjury, that the foregoing representations are true to the best of my knowledge and belief

Applicant's Signature Date

I authorize this application and authorize the plan commission, its staff, and such other persons as the staff may deem appropriate to enter upon the property involved in this request for the purpose of analyzing this request.

Owner's Signature Date

Owner's Signature Date